

National Disaster Medical System (NDMS)

HHS DOD VA FEMA



Briefing Overview

- National Disaster Medical System
- > ESF #8 Role in Federal Response
- Federal Augmentation for Medical Response to Terrorist Incidents Involving Weapons of Mass Destruction (WMD)

Federal Health and Medical Response



Natural Disasters



Transportation Disasters



Terrorism



Technological Disasters

Persistence of Functions Across Disasters









Assessment of Health and Medical Needs Health Surveillance Medical Care Personnel Health/ Medical Equipment and Supplies Patient Evacuation In-Hospital Care Food/ Drug/ Medical Device Safety Worker Health/ Safety Mental Health Services Public Health Information Vector Control Potable Water/ Wastewater & Solid Waste Disposal **Victim Identification/ Mortuary Services Veterinary Services**



- NDMS is a public/private sector partnership
- Federal partners HHS, DOD, VA, FEMA



NDMS Purpose

A Nationwide Medical Response System to:

- Supplement state and local medical resources during disasters or major emergencies
- Provide backup medical support to the DOD/VA medical care systems during an overseas conventional conflict



Background on the Origins of NDMS

Presidential Initiative

- 1981 Established Emergency Mobilization Preparedness Board (EMPB)/Principle Working Groups
- Directed to Develop National Policies and Programs for Domestic Disasters and National Security Emergencies



Principle Working Group on Health (PWGH)

 PWGH Addressed Health and Medical Issues



National Security Decision Directive 47 (NSDD-47)

- Approved by the President (July, 1982)
- Set forth Emergency Mobilization
 Preparedness Principles for:
 - National Security Emergencies
 - Domestic Emergencies



NSDD-47

Health

It is the policy of the United States to develop systems and plans to ensure that sufficient medical personnel, supplies, equipment, and facilities will be available and deployed to meet essential civilian and military health care needs in an emergency.



PWGH Developed Plans to Implement NSDD-47

- Identified Key Steps in Establishing a Nationwide Mutual Aid Network - NDMS
- EMPB Approved Key Steps
- President Approved National Plan of Action (March, 1983)
- Established the National Disaster Medical System

CIVILIAN MILITARY CONTINGENCY HOSPITAL SYSTEM (CMCHS)





NDMS Organizational Structure

President

National Security Council

Domestic Policy Council

Senior Policy Group (SPG)

Members:

- •Asst. Sec. for Health, HHS (Chair)
- •Asst. Sec. for Defense, Health Affairs
- Executive Associate Director, Response & Recovery, FEMA
- •Undersecretary of Health, VA

Responsibilities:

- Set policy and Goals for National Medical Preparedness
- Oversee Directorate Staff

NDMS Directorate Staff

Members:

- •HHS/PHS Director, NDMS (Chair)
- •DOD
 - •OASD (HA)
 - ARMY
 - •NAVY
 - •AIR FORCE
- •VA
- •FEMA
- Responsibility: Implement Policy

NDMS Participating Organizations



Major Components

- > Medical Response
- > Patient Evacuation
- > Definitive Medical Care



Lead Responsibility - HHS

- Assessment of Health/Medical Needs
- Provision of On-Scene Health and Mental Health Services
- Victim Identification/Mortuary Services



(HHS Lead)

 DMAT/Specialty Teams - More than 7,000 personnel

Equipment and Supplies



Disaster Medical Assistance Teams (DMATs)

- Volunteer Groups Affiliated with NDMS
- Approximately 35 Persons per Team (> 7,000 personnel)
- Variety of Health/Medical Skills
- Locally Sponsored
- Community Based
 - Local/ State Asset



NDMS Medical Response DMAT FUNCTIONS

At Disaster Site

- > Triage
- Austere Medical Care
- Casualty Clearing/Staging

At Local NDMS Reception Area

Patient Reception



Fully Deployable LEVEL - I

Support LEVEL - II

Staffing Resources LEVEL - III



NDMS Readiness Level 1 Disaster Medical Assistance Teams





NDMS Medical Response SPECIALTY TEAM FUNCTIONS

- Pediatric
- > Burn
- Disaster Mortuary Teams (DMORTs)
- Urban Search and Rescue/Medical
- Mental Health
- Veterinary Medical Assistance Teams (VMATs)
- National Medical Response Teams (NMRTs)
- International Medical Surgical Response Team (IMSuRT)



DMATs and Specialty Teams

- Under Memorandum of Understanding (MOU) with U.S. Public Health Service
- Federal Enrollment of Team Members
- Federalization Upon Activation
 - Special Needs Authority
 - Accepted Volunteer Services Authority
- Importance of Federalization
 - Licensure / Certification
 - Liability
 - Compensation



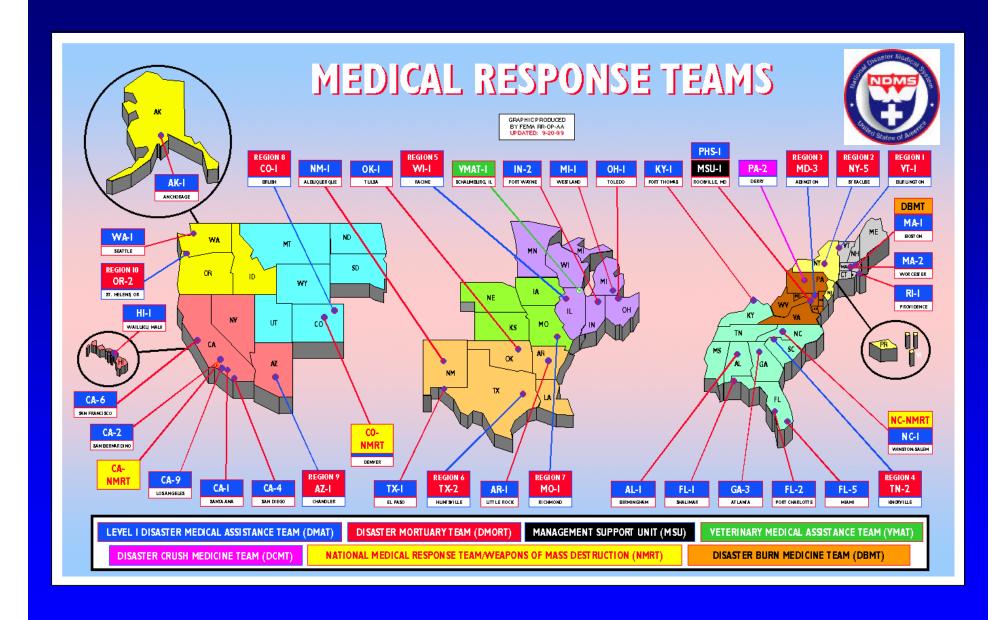
Management Support Team (MST)

- Responds to Disaster Area
- Provides Management Support to Deployable Teams
- Uses Incident Command System (ICS)
 - Logistics
 - Communications
 - Operations
 - Finance / Procurement
 - Plans
- Interface with Local Disaster Management System



NDMS RESPONSE TEAMS

- 4 National Medical Response Teams / WMD
- 26 Disaster Medical Assistance Teams (12-24 hr response)
 - 7 Disaster Medical Assistance Teams (Support)
- 11 Disaster Medical Assistance Teams (Staffing resource)
 - 6 Burn Teams
 - 2 Pediatric Teams
 - 1 Crush Medicine Team
 - 1 International Medical / Surgical Team
 - 4 Mental Health Teams
 - 4 Veterinary Medical Assistance Teams
- 10 Disaster Mortuary Teams
 - 3 Management Support Teams





NDMS Patient Evacuation

Lead Responsibility - DOD

Provide Patient
Movement from the
Disaster Area

Utilize All Types of Transportation

Primarily Relies on Aeromedical



Medical Evacuation Functions

- Patient Reporting PRA
- Patient Regulating GPMRC
- Patient Movement Request DMRT
- Patient Staging MASF
- Patient Lift TRANSCOM
 - Embarkation
 - Debarkation
- Coordination with Various System Elements



NDMS Definitive Medical Care

Lead Responsibility - DOD/VA

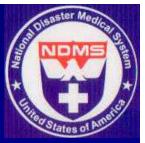
- Concentrated in Major Metropolitan Areas
- > Air Access
- Federal Coordinating Centers (FCCs)
- Available Hospital Support
- Patient Reception and Distribution Capabilities

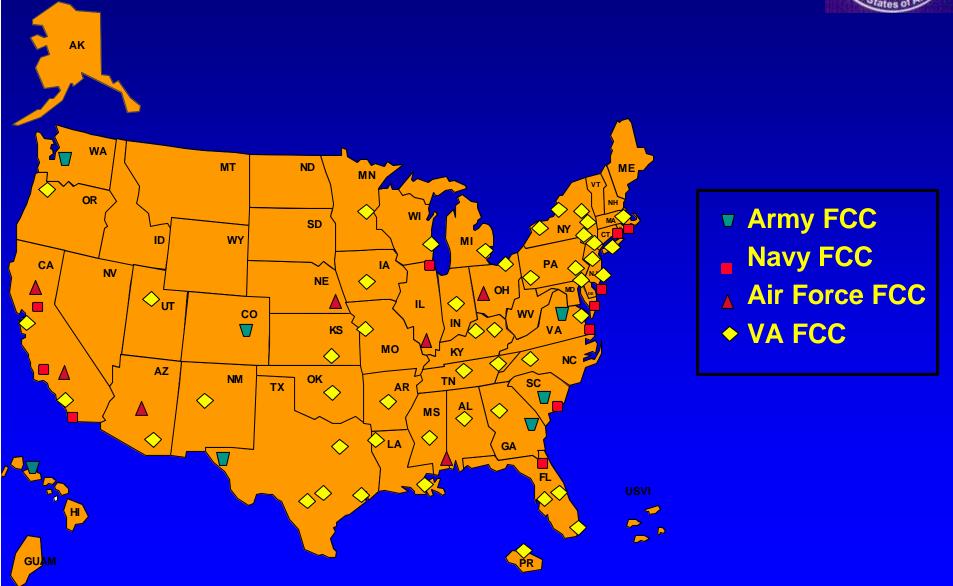


NDMS Definitive Medical Care

- Network of approximately 2,000 non-Federal hospitals
- 65 FCCs, which coordinate in excess of 82 receiving areas

NDMS Definitive Medical Care Federal Coordinating Centers (FCCs)







NDMS Federal Coordinating Centers

Responsibilities

- Coordinate NDMS Definitive Medical Care in Assigned Local Areas
- Solicit and Organize Community Support Services
- Enroll Non-Federal Local Hospitals in NDMS
- Coordinate Bed Availability
- Coordinate with Local / State Authorities on:
 - Preparing of Local NDMS Patient Reception Plans
 - Plan and Conduct Annual NDMS Exercises
 - NDMS Operations During Activation



Role of Participating Hospital

- Voluntary Commit Hospital Support to NDMS
- Provide Bed Availability Information to Local NDMS Federal Coordinating Center
- Treat NDMS Patients
- Participate in NDMS Exercises



Circumstances for Which NDMS May be Activated

- Military Contingency Overseas Conventional Armed Conflict Involving U.S. Forces
- Presidential Declaration of Disaster
- Request for Major Medical Assistance



NDMS Readiness Activities

- Maintenance of Plans
- Training
- Exercises
- Special Events
- Annual Conferences



Partial Listing of Endorsement for NDMS

- American Burn Association
- American Hospital Association
- American Medical Association
- American Nurses Association
- American College of Emergency Physicians
- American College of Surgeons Committee on Trauma
- American College of Healthcare Executives
- American Red Cross
- Emergency Nurses Association
- National Association of State EMS Directors
- National Association of Emergency Medical Technicians
- National Emergency Management Agency
- National Fire Protection Association
- National Funeral Directors Association
- Society for Academic Emergency Medicine



NDMS Benefits

- Maximizes the Utilization of Existing Resources
- Provides Identified Levels of Care
- Integrates Pre-hospital Phase with Medical Facilities
- Helps Contain Health Care Costs
- Designed to Reduce Mortality and Morbidity



Importance of NDMS

- Improves Federal Mission Readiness
 - Ability to Mobilize and Deploy Medical Teams, Supplies, and Equipment
 - Ability to Provide Patient Evacuation
 System
 - Ability to Provide Definitive Medical Care

Adds Value to America



ESF # 8/NDMS Activations

- 1989 Hurricane Hugo
- 1989 Loma Prieta Earthquake
- 1992 Hurricane Andrew
- 1992 Typhoon Omar
- 1992 Hantavirus (S.W.)
- 1992 Hurricane Iniki
- 1993 Midwest Floods
- 1993 Hurricane Emily
- 1994 Northridge Earthquake



- 1994 Southeast Georgia Floods
- 1994 Houston Floods
- 1994 Winter Ice Storms
- 1995 Oklahoma City Bombing
- 1995 Hurricanes Marilyn & Opal
- 1995 California Flood
- 1996 Centennial Olympic Games
- 1996 Hurricane Fran



- 1996 Republican Convention
- 1996 Democratic Convention
- 1996 Quincy, IL Air Crash
- 1996 Oregon Floods
- 1996 Hurricane Eduardo
- 1996 Hurricane Bertha
- 1996 Hurricane Hortense



- 1997 Presidential Inaugural
- 1997 California Floods
- 1997 Monroe, MI Air Crash
- 1997 North Dakota Floods
- 1997 Minnesota Floods
- 1997 Kentucky Floods
- 1997 Idaho Floods
- 1997 Indiana Storms



- 1997 Ohio Floods
- 1997 Nevada Floods
- 1997 Hawaii Floods
- 1997 Summit of the Eight
- 1997 Guam Air Crash
- 1998 New York Ice Storms
- 1998 State of the Union



- 1998 Typhoon Paka (Guam)
- 1998 California Floods
- 1998 Nike Games
- 1998 Texas Floods
- 1998 World Energy Council
- 1998 Hurricane Georges
- 1999 State of the Union



- 1999 Papal Visit
- 1999 AMTRAK
- 1999 NATO Summit & 50th Anniv.
- 1999 Operation Tornado (OK)
- 1999 Provide Refuge (Kosovo Refug.)
- 1999 INS Support (Tinian)
- 1999 Hurricane Brett



- 1999 Hurricane Dennis
- 1999 Hurricane Floyd
- 1999 CA Forest Fires
- 1999 Egypt Air 990
- 1999 World Trade Organization
- 1999 Hurricane Lenny
- 1999 Y2K



- 2000 State of the Union Address
- 2000 Alaska Air Crash
- 2000 IMF/World Bank Spring Meeting (Wash, D.C.)



Commissioned Corps Readiness Force (CCRF)

Created in 1994 by the PHS Office of the Surgeon General

Mission

To provide a cadre of PHS Officers uniquely qualified by education and skills to be mobilized:

- In times of extraordinary need during disaster, strife, or other public health emergencies;
- In response to **domestic** and **international** requests, to provide leadership and expertise by directing, enhancing, and supporting services of the PHS, DHHS OPDIVs, other U.S. Government agencies, and/or respondents.



Commissioned Corps Readiness Force

CCRF Activation and Deployment

(1) Surgeon General considers request for assistance from federal, state, local, international organizations;

Requests must meet specific needs criteria such as:

- Challenges exceed organization's capabilities
- Declared emergency
- Critical technical need
- (2) Surgeon General authorizes OEP to assign and deploy personnel.



Commissioned Corps Readiness Force

CCRF Members by Category (April 26, 2000)

Current	Mem	bers
Carrotte		

Dental	101	
Dietitian/Nutritionist	20	
Engineer	133	
Health Services Officer	203	
Medical	190	
Nurse	325	
Pharmacist	198	
Environmental Health Officer	166	
Scientist	54	
Therapist	36	
Veterinary	21	
TOTAL	4 4 4 7	



NDMS and the Federal Response Plan

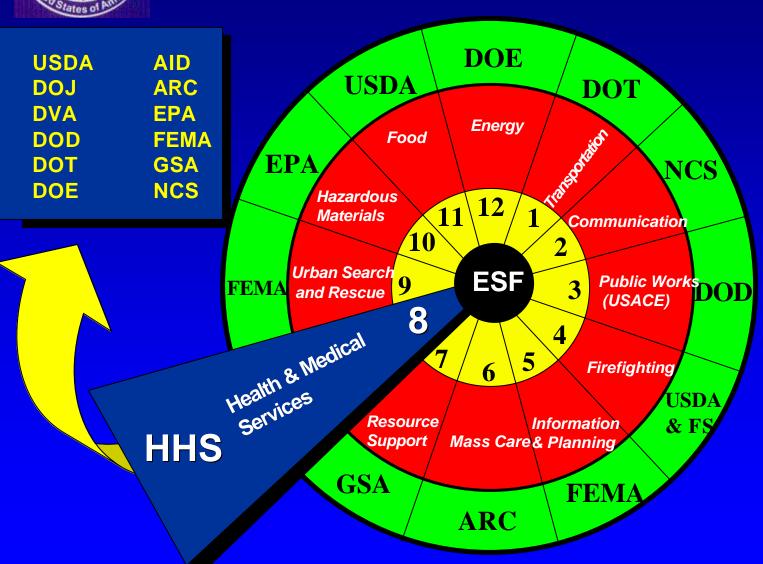
Federal Response Plan

- Stafford Act Authority (P.L. 93-288, as Amended)
- U.S. Government Interagency Plan
- Mechanism for Federal Response to Major Emergency or Disaster
- National / Regional Architecture
- Includes NDMS





Federal Response Plan Emergency Support Functions





ESF #8 - Health & Medical Services

- Lead Federal Agency: Department of Health and Human Services, U.S. Public Health Service
- Supporting Departments and Agencies
 - Department of Defense
 - Department of Veterans Affairs
 - Department of Transportation
 - Department of Energy
 - Department of Agriculture
 - Department of Justice
 - Federal Emergency Management Agency
 - Environmental Protection Agency
 - General Services Administration
 - American Red Cross
 - National Communications System
 - Office of U.S. Foreign Disaster Assistance
 - U.S. Postal Service

Roles of Emergency Support Function #8



- 1. Assessment of Health and Medical Needs
- 2. Health Surveillance
- 3. Medical Care Personnel
- 4. Health/Medical Equipment and Supplies
- 5. Patient Evacuation
- 6. In-Hospital Care
- 7. Food/Drug/Medical Device Safety
- 8. Worker Health/Safety
- 9. Radiological, Chemical, and Biological Hazards
- 10. Mental Health
- 11. Public Health Information
- 12. Vector Control
- 13. Potable Water/Wastewater & Solid Waste Disposal
- 14. Victim Identification/Mortuary Services
- 15. Veterinary Services

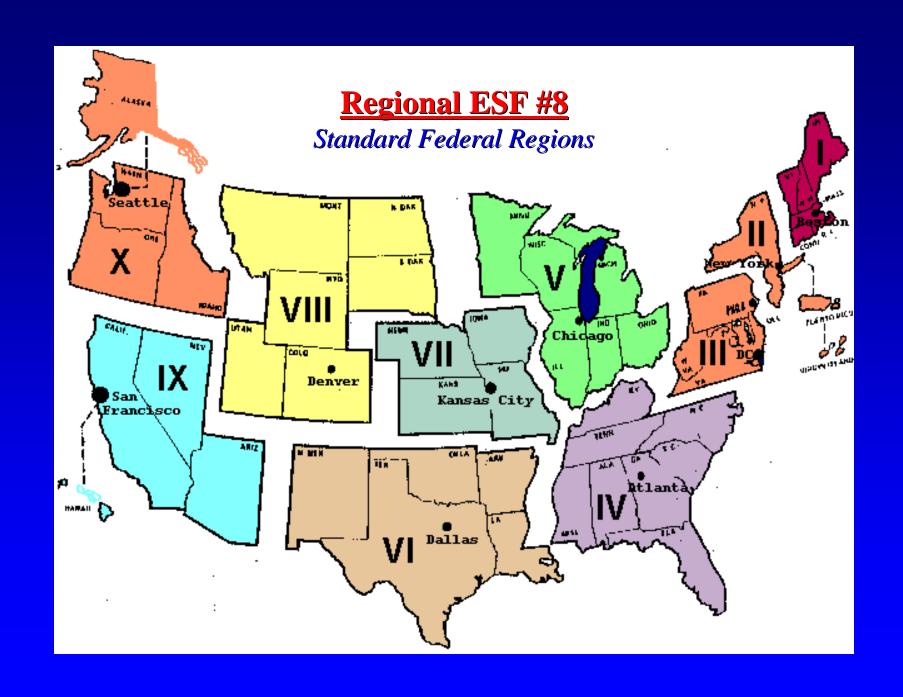


ESF #8 - Health & Medical Services

Functions

- Preventive Health Services
- Environmental Health Services
- Medical Services*
- Mental Health Services*

* (performed by NDMS)



PREPARING TO RESPOND TO TERRORISM INCIDENTS IN THE UNITED STATES WITH SPECIAL EMPHASIS ON WEAPONS OF MASS DESTRUCTION



Crisis Management

- FBI Lead
 - Focus on Intelligence & Investigation
 - Goal to Prevent / Interdict and Contain / Minimize Consequences of C/B Terrorism
 - On-Scene Commander Responsibilities
 Assumed by Field Office Special
 Agent-in-Charge (SAC)
 - National Command & Coordination
 Provided by FBIHQ



Consequence Management

- Other Federal Agencies Support the FBI as Needed
- Goal to Support Crisis Management and Assist in Agent Release Consequence Management
- FEMA Coordinates Consequence Management in Major Incident Using the Federal Response Plan System
 - Terrorism Incident Annex



WMD Release or Detonation

Primary consequence is impact on human health requiring an unprecedented medical response



Critical C/B Consequence Management Functions

- Threat Assessment
- C/B Consultation with Affected Jurisdiction
- Public Affairs
- Technical Assistance
- Agent Identification
- Epidemiological Investigation
- Expedient Hazard Detection
- Expedient Hazard Reduction
- Environmental Decontamination
- Mental Health Support



Critical C/B Consequence Management Functions (continued)

- Clinical Medical Support
 - Health Professionals
 - Laboratory Support
 - Patient Evacuation
 - In-Hospital Care
- Pharmaceutical Support
- Human Toxic Effects Registry
- Supplies and Equipment
- Victim Identification and Mortuary Services



HHS Strategic National Counterterrorism Plan



- Create local resources rapid response time required
- Develop partnerships to:
 - Improve local health and medical system capability to respond effectively (MMST System)
 - Improve Federal health and medical capability to rapidly augment State/local response
 - National Response Teams
- Includes the National Disaster Medical System (NDMS)



NDMS Medical Response Weapons of Mass Destruction

- 4 National N/B/C response capable teams (NMRT/WMD)
 - Winston Salem, NC
 - Denver, CO
 - Los Angeles, CA
 - Washington, DC Area (Remains in area)
- Additional Training for DMATs and DMORTs



National Disaster Medical System

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http://www.oep-ndms.dhhs.gov/





- NDMS Conference
- Counter Terrorism Program
- NDMS 📂
- Contacts
- Links







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OEP is an office within the <u>U.S. Department of Health and Human</u> <u>Services</u> and has the Departmental responsibility for managing and coordinating Federal health, medical, and health related social services and recovery to major emergencies and Federally declared disasters including: